



RELEASE FOR SCHOOL RECORD AND TRANSCRIPTS
(Please Submit to Applicant's Current School)

Parents:

Please complete, sign and submit this form to your child's current Head of School and ask that information be forwarded to Schechter Westchester in the enclosed pre-addressed envelope.

Name of School

Headmaster/Principal

City, State, Zip Code

Phone

Fax

I request that the school record of my child _____ who is in
Name of Student
the _____ be forwarded to Solomon Schechter School of Westchester
Current Grade

for the purpose of admission review and academic placement. Please include the following material:

- 1) Transcript of academic record, including courses taken and grades received.
- 2) Results of standardized achievement and/or aptitude tests.
- 3) Copies of personal evaluations or psychological reports.
- 4) Copy of health records and medical forms.

I also authorize teachers to release information about my child which would identify apparent learning strengths or weaknesses and patterns of behavior.

Signature of Parent or Guardian

Date

Please send all information to:
Office of Admissions
Solomon Schechter School of Westchester
555 West Hartsdale Avenue
Hartsdale, NY 10530
(914) 948-7979 (fax)